

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 100615 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	1							
2								
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TOTAL IND.								
TOTAL DEP.	12							
TOTAL CLAIMS	13							

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